WISONSIN MUSIC TEACHERS ASSOCIATION INCOME/EXPENSE VOUCHER

_____
Location/Date

Income for: Audition _____
Workshop _____
Conference _____
Donation _____
Other _____ (explain)

Expense for: Audition _____ Which one? Badger ___
Workshop_____ District ___
Conference_____ National___
Newsletter_____ Other _____ (explain)
Administrative____
Other _____

Itemize Income Below:

Names	Amount
Total enclosed	

Itemize Expenses Below:

Description	Amount
Facility use	
Judging: (Actively judging)	
(Round trip miles)	
(Meals)	
(Lodging)	
Tuning	
Other	
Printing	
Phone/Fax	
Postage	
Meals	
Miscellaneous	
Total	

Important:
Receipts must be attached to the back of this form. If you do not have them briefly explain.

D2 entries _____ $_____
D3 entries _____ $_____
Duet entries _____ $_____
State entries _____ $_____
Collegiate $_____
Keyboard $_____
Non Keyboard $_____

Other(explain) $_____
_____
_____
_____

Send this form to:

WMTA Treasurer
Rachel Fritz
6554 N Sidney Place #100
Glendale WI 53209

Indicate amount and to whom check for above expenses should be sent to:
Your Name_____ Amount $_____
Address_____ Title _____
City/State/Zip _____
Phone_____
Email_____

If any portion of the above expenses should be paid to another party please indicate the amount to whom and where check should be mailed (including address). Attach additional sheets as necessary.

Name_____ Amount $_____
Address_____
City/State/Zip_____

Name_____ Amount $_____
Address_____
City/State/Zip_____